## U.S. Department2000 ustice 223-MEF-WC Document 134 **United States Marshals Service**

## PROCESSORIDO EIPPANDI RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form

| PLAINTIFF UNITED STA                                                                              | ATES OF AM                                                                                                                                                                                  | ERICA             |                   |            | COURT CASE NUMBER 2:06CR223-MEF |         |                              |                                |                                                 |                     |                                      |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|------------|---------------------------------|---------|------------------------------|--------------------------------|-------------------------------------------------|---------------------|--------------------------------------|
| DEFENDANT<br>ADAM LAM                                                                             | AR ROBINSC                                                                                                                                                                                  | )N                |                   |            |                                 |         |                              |                                | TYPE OF PROCE<br>FINAL ORDER                    |                     | ORFEITURE                            |
| SERVE                                                                                             |                                                                                                                                                                                             |                   | •                 |            |                                 |         |                              |                                | TO SEIZE OR COM                                 | IDEMI               | N                                    |
| AT                                                                                                | .ADDRESS (Street                                                                                                                                                                            | ı or RFD, Aparım  | ent No., City, St | ate, and 2 | ZIP Code)                       |         |                              |                                |                                                 |                     |                                      |
|                                                                                                   | c/o ATF, 2 N                                                                                                                                                                                | North Jackso      | n Street, Su      | ite 404    | , Montgome                      | егу,    | Alabama 36                   | ī                              |                                                 |                     |                                      |
| SEND NOTICE                                                                                       | OF SERVICE TO                                                                                                                                                                               | REQUESTER         | AT NAME A         | ND AD      | DRESS BELOV                     | V:      |                              | Number of pr<br>with this Fort | rocess to be served<br>n - 285                  | 1                   |                                      |
| Üı                                                                                                | hn T. Harmon                                                                                                                                                                                | torney's Off      |                   |            |                                 |         | – – – <b>–</b><br><b>!</b>   | Number of pa<br>in this case   | rties to be served                              |                     |                                      |
| Po                                                                                                | ssistant United<br>ist Office Box<br>ontgomery, A                                                                                                                                           | 197               | •                 |            |                                 |         | i<br>                        | Check for ser                  | vice on U.S.A.                                  |                     |                                      |
| SPECIAL INSTR<br>Telephone Numb                                                                   | SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) |                   |                   |            |                                 |         |                              |                                |                                                 |                     |                                      |
| AGENCY # 776045-06-0142                                                                           |                                                                                                                                                                                             |                   |                   |            |                                 |         |                              |                                |                                                 |                     |                                      |
| Signature of Attorney or other Originator requesting service on behalf of : TELEPHONE NUMBER DATE |                                                                                                                                                                                             |                   |                   |            |                                 |         |                              |                                |                                                 |                     |                                      |
|                                                                                                   | olli                                                                                                                                                                                        | 1 X               |                   |            |                                 |         | LAINTIFF<br>EFENDANT         | (334)                          | 223-7280                                        | 12/0                | 7/07                                 |
|                                                                                                   | SPACE BEL                                                                                                                                                                                   | ow for u          | SE OF U.S         | s. MAI     | RSHAL ON                        | LY      | - DO NOT                     | WRITE B                        | ELOW THIS                                       | LIN                 | E                                    |
| i acknowledge rece<br>number of process<br>(Sign only first USA<br>one USM 285 is suit            | indicated. 1 285 if more than                                                                                                                                                               | Total Process     | District of 6     | Origin     | District to Serv                | re      | Signature of Au              | thorized USMS                  | Deputy or Clierk                                |                     | Date                                 |
|                                                                                                   |                                                                                                                                                                                             |                   |                   | have leg   |                                 | servic  | ce, D have excompany, corpor | ecuted as shor                 | wn in "Remarks",<br>hown at the addres          | the pr              | ocess described on red below.        |
| ☐ [ hereby certify                                                                                | and and return that                                                                                                                                                                         | I am unable to lo | ate the individu  | al, compa  | ny, corporation, e              | etc., n | named above (See             | remarks below                  | <b>)</b> .                                      |                     |                                      |
| Name and title of in                                                                              | idividu31 served (If n                                                                                                                                                                      | iot shawn above). |                   |            |                                 |         |                              |                                | A person of suitable a<br>esiding in the defend | ige and<br>ant's us | discretion then sual place of abode. |
| Address (complete                                                                                 | only if different than                                                                                                                                                                      | shown above)      |                   |            |                                 |         |                              | Date of Se                     | rvice<br>+/07                                   | Time                | 2 00/ am                             |
|                                                                                                   |                                                                                                                                                                                             |                   |                   |            |                                 |         |                              | Signature                      | of U.S.Marshal or f                             | ерия                | A (ATT-)                             |
| Service Fee                                                                                       | Total Mileage Ch<br>(including endear                                                                                                                                                       |                   | rding Fee         | Total (    | Tharges                         | Ad      | vance Deposits               | Amount C                       | wed to US Marshal                               | or ,                | Amount or Refund                     |
| REMARKS:                                                                                          |                                                                                                                                                                                             |                   |                   |            |                                 |         |                              |                                |                                                 |                     |                                      |
|                                                                                                   |                                                                                                                                                                                             |                   |                   |            |                                 |         |                              |                                |                                                 |                     |                                      |
|                                                                                                   |                                                                                                                                                                                             |                   |                   |            |                                 |         |                              |                                |                                                 |                     |                                      |
|                                                                                                   |                                                                                                                                                                                             |                   |                   |            |                                 |         |                              |                                |                                                 |                     |                                      |

| PLAINTIFF UNITED STA                                                                              | ATES OF AMERIC                                                     | A                                          |                     |                                     | COURT CASE NUMBER 2:06CR223-MEF |                                                    |                                             |                                               |          |                                    |  |  |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------|---------------------|-------------------------------------|---------------------------------|----------------------------------------------------|---------------------------------------------|-----------------------------------------------|----------|------------------------------------|--|--|
| DEFENDANT<br>ADAM LAM                                                                             | AR ROBINSON                                                        |                                            |                     |                                     |                                 |                                                    |                                             | TYPE OF PROCE<br>FINAL ORDER                  |          | FORFEITURE                         |  |  |
| SERVE                                                                                             | NAME OF INDIVIDUAL, ONE MOSSBERG,                                  |                                            |                     |                                     |                                 |                                                    |                                             |                                               |          |                                    |  |  |
| AT                                                                                                | .ADDRESS (Street or RFD,                                           | • • • •                                    |                     | *                                   |                                 |                                                    |                                             |                                               |          |                                    |  |  |
|                                                                                                   | c/o ATF, 2 North J                                                 | ackson Street, Sur                         | ite 404             | I, Montgome                         | ery,                            | Alabama 36                                         | 5104                                        |                                               | 1        |                                    |  |  |
| SEND NOTICE                                                                                       | OF SERVICE TO REQUI                                                | ester at name al                           | ND ADI              | DRESS BELOV                         | V:<br>                          | '<br>لــ ــ ــ ــ ــ                               | Number of prowith this Forn                 | ocess to be served<br>1 - 285                 | 1        |                                    |  |  |
| ប៊ែ                                                                                               | hn T. Harmon<br>uited States Attorney<br>sistant United States     |                                            |                     |                                     |                                 | i                                                  | Number of parties to be served in this case |                                               |          |                                    |  |  |
| Po                                                                                                | st Office Box 197<br>ontgomery, Alabama                            | •                                          |                     | _ <b></b>                           |                                 | -<br>                                              | Check for ser                               | vice on U.S.A.                                |          |                                    |  |  |
| SPECIAL INSTR<br>Telephone Numb                                                                   | UCTIONS OR OTHER I                                                 | NFORMATION THA<br>Available For Service:   | T WILI              | L ASSIST IN E                       | XPEI                            | DITING SERV                                        | ICE (Include                                | Business and Alte                             | rnate    | Address, All                       |  |  |
| AGENCY # 776045-06-0142                                                                           |                                                                    |                                            |                     |                                     |                                 |                                                    |                                             |                                               |          |                                    |  |  |
| Signature of Attorney or other Originator requesting service on behalf of : TELEPHONE NUMBER DATE |                                                                    |                                            |                     |                                     |                                 |                                                    |                                             |                                               |          |                                    |  |  |
|                                                                                                   | ellin I                                                            |                                            |                     |                                     |                                 | AINTIFF<br>FENDANT                                 | (334) 2                                     | 223-7280                                      | 12/0     | 07/07                              |  |  |
| 7)                                                                                                | SPACE BELOW F                                                      | OR USE OF U.S                              | . MAI               | RSHAL ON                            | LY -                            | - DO NOT                                           | WRITE B                                     | ELOW THIS                                     | LIN      | TE                                 |  |  |
| I acknowledge rece<br>number of process i<br>(Sign only first USA<br>one USA 285 is sub           | pt for the total Total P<br>ndicated 135 if more than<br>mutted No | District of C                              | )rigin              | District to Serv                    | /e                              | Signature of Av                                    | nthorized USMS                              | Deputy or Cleerk                              |          | Date                               |  |  |
| I hereby certify :<br>the individual, co                                                          | and return that I have propagation, etc. a                         | personally served, Dat the address shown a | have leg<br>bove or | al evidence of s<br>on the individu | servica<br>a), com              | e, have exemple and have exemple and have exemple. | ecuted as show<br>ation, etc., sh           | vn in "Remarks",<br>own at the addres         | the pr   | racess described on<br>rted below. |  |  |
| ☐ [ hereby certify                                                                                | and and return that I am unal                                      | ble to locate the individua                | І. сотра            | ny, corporation, e                  | etc., na                        | amed above (See                                    | remarks below                               | <b>)</b> .                                    |          |                                    |  |  |
| Name and title of in                                                                              | dividual served (If not shown                                      | above)                                     |                     |                                     |                                 |                                                    |                                             | person of suitable a<br>esiding in the defend |          |                                    |  |  |
| Address (complete o                                                                               | nly if different than shown ab                                     | pave)                                      |                     |                                     |                                 |                                                    | Date of So                                  | 1/07                                          | Time     | 2 00 am                            |  |  |
|                                                                                                   | <del>-</del>                                                       |                                            |                     |                                     |                                 |                                                    | Signature                                   | of U.S. Marshal or C                          | ) operty | (ATF)                              |  |  |
| Service Fee                                                                                       | Total Mileage Charges (including endeavors)                        | Forwarding Fee                             | Total (             | Charges                             | Adv                             | rance Deposits                                     | Amount O                                    | wed to US Marshal                             | or       | Amount or Refund                   |  |  |
| REMARKS:                                                                                          | <u> </u>                                                           |                                            |                     |                                     | <u> </u>                        |                                                    |                                             |                                               |          |                                    |  |  |
|                                                                                                   |                                                                    |                                            |                     |                                     |                                 |                                                    |                                             |                                               |          |                                    |  |  |

| PLAINTIFF UNITED STA                                                                                                                                                                        | ATES OF AM                            | ERICA         |                                 |            | COURT CASE NUMBER 2:06CR223-MEF      |                  |                      |                                    |                                               |                    |                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------|---------------------------------|------------|--------------------------------------|------------------|----------------------|------------------------------------|-----------------------------------------------|--------------------|--------------------------------------|--|
| DEFENDANT<br>ADAM LAM                                                                                                                                                                       | AR ROBINSO                            | N             |                                 |            |                                      |                  |                      |                                    | TYPE OF PROCE<br>FINAL ORDER                  |                    | ORFEITURE                            |  |
| SERVE                                                                                                                                                                                       |                                       |               | OMPANY, CORPOR<br>DEL L-380, .3 |            |                                      |                  |                      |                                    |                                               |                    |                                      |  |
| AT                                                                                                                                                                                          | •                                     |               | Apartment No., City, .          |            |                                      | ery,             | Alabama 36           | 5104                               |                                               |                    | -                                    |  |
| SEND NOTICE                                                                                                                                                                                 | OF SERVICE TO                         | REQUES        | STER AT NAME                    | AND AD     | DRESS BELOV                          | V:               |                      | Number of pr<br>with this Forr     | rocess to be served<br>n - 285                | 1                  |                                      |  |
| U                                                                                                                                                                                           | hn T. Harmon<br>hited States Att      | orney's       |                                 |            |                                      |                  | <del></del><br> <br> | Number of pa<br>in this case       | Number of parties to be served in this case   |                    |                                      |  |
| Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197                                                                                                         |                                       |               |                                 |            |                                      |                  |                      |                                    | Check for service on U.S.A.                   |                    |                                      |  |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) |                                       |               |                                 |            |                                      |                  |                      |                                    |                                               |                    |                                      |  |
| AGENCY # 77                                                                                                                                                                                 | AGENCY # 776045-06-0142               |               |                                 |            |                                      |                  |                      |                                    |                                               |                    |                                      |  |
| Signature of Atto                                                                                                                                                                           | 7 W T                                 |               | uesting strvice on              | behalf of  |                                      | <b>13</b> P)     | LAINTIFF             |                                    | NE NUMBER                                     | DAT                |                                      |  |
|                                                                                                                                                                                             | TO SPACE BELO                         |               | OR USE OF U.                    | <br>S MAI  |                                      | _                | - DO NOT             | , ,                                | 223-7280<br>ELOW THIS                         |                    | 7/07<br>                             |  |
| I acknowledge rece<br>number of process<br>(Sign only first USN<br>one USM 285 is suit                                                                                                      | nt for the total                      | Total Pro     |                                 |            | District to Serv                     |                  | _                    |                                    | S Deputy or Clierk                            |                    | Date                                 |  |
| I hereby certify<br>the individual, co                                                                                                                                                      | and return that I Empany, corporation | have pe       | ersonally served. E             | have leg   | gal evidence of s<br>on the individu | servio<br>al, co | ce, have ex          | ecuted as show<br>ration, etc., sl | wn in "Remarks",<br>hown at the addres        | the pr             | ocess described on<br>need below.    |  |
| ☐ I hereby certify                                                                                                                                                                          | and and tenurn that I                 | I am unabl    | e to locate the individ         | ual, compa | iny, corporation, e                  | ≥tc., r          | named above (See     | remarks below                      | ).                                            |                    | _                                    |  |
| Name and title of it                                                                                                                                                                        | dividual served (If no                | ot shown a    | bove).                          |            |                                      |                  |                      |                                    | A person of suitable a residing in the defend | ige and<br>ant's u | discretion then sual place of abode. |  |
| Address (complete                                                                                                                                                                           | only if different than :              | shawn abo     | ive)                            |            |                                      |                  |                      | Date of Se                         | orus Margali or I                             | Time               | 2 00 am                              |  |
| Service Fee                                                                                                                                                                                 | Total Mileage Ch                      | arges<br>ors) | Forwarding Fee                  | Total (    | Charges                              | Ad               | vance Deposits       | Amount C                           | owed to US Marshal                            | or                 | Amount or Refund                     |  |
| REMARKS.                                                                                                                                                                                    | -1                                    |               | ·                               |            |                                      |                  |                      |                                    |                                               |                    |                                      |  |
|                                                                                                                                                                                             |                                       |               |                                 |            |                                      |                  |                      |                                    |                                               |                    |                                      |  |
|                                                                                                                                                                                             |                                       |               |                                 |            |                                      |                  |                      |                                    |                                               |                    |                                      |  |

## Case 2:06-cr-00223-MEF-WC Document 134 U.S. Department of Justice

**United States Marshals Service** 

Filed 12/19/2007 Page 4 of 10
PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form

| PLAINTIFF<br>UNITED ST                                                             | ATES OF AMERIC                                                     | A                                            | _               |                             |                                 |                                | COURT CASE NO<br>2:06CR223-I                |                     | R                                    |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|-----------------|-----------------------------|---------------------------------|--------------------------------|---------------------------------------------|---------------------|--------------------------------------|
| DEFENDANT<br>ADAM LAM                                                              | IAR ROBINSON                                                       |                                              |                 |                             |                                 |                                | TYPE OF PROCE<br>FINAL ORDER                |                     | ORFEITURE                            |
| SERVE<br>AT                                                                        | NAME OF INDIVIDUAL, ONE REMINGTO!  ADDRESS (Street or RFD.)        | N, MODEL 510,                                | .22 CALIB       | ER RIFLE                    |                                 |                                |                                             | IDEMI               | 4                                    |
|                                                                                    | c/o ATF, 2 North J                                                 | ackson Street, Su                            | ite 404, Mo     | ontgomery                   | , Alabama 36                    | 5104                           |                                             |                     | <u> </u>                             |
| SEND NOTICE                                                                        | OF SERVICE TO REQU                                                 | ESTER AT NAME A                              | ND ADDRES       | S BELOW:                    |                                 | Number of pr<br>with this Forr | ocess to be served<br>n - 285               | 1                   |                                      |
| Ţ                                                                                  | ohn T. Harmon<br>United States Attorney<br>Assistant United States | 's Office                                    | <b></b>         | - <b>-</b>                  | <u></u>                         | Number of pa<br>in this case   | arties to be served                         | _                   |                                      |
| P                                                                                  | ost Office Box 197  Montgomery, Alabama                            | •                                            |                 | - <u>-</u> _                |                                 | Check for ser                  | vice on U.S.A.                              |                     |                                      |
|                                                                                    | RUCTIONS OR OTHER I<br>bers, and Estimated Times                   |                                              |                 | SIST IN EXP                 | EDITING SERV                    | ЛСЕ (Include                   | Business and Alte                           | rnute .             | Address, All                         |
| AGENCY #7                                                                          | 76045-06-0142                                                      |                                              |                 |                             |                                 |                                |                                             |                     |                                      |
| Signature of Att                                                                   | orney or other Originator r                                        | equesting service on b                       | ehalf of:       |                             |                                 | TELEPHO                        | NE NUMBER                                   | DAT                 | rē                                   |
|                                                                                    | John                                                               |                                              | <u> </u>        |                             | PLAINTIFF<br>DEFENDANT          | (334)                          | 223-7280                                    | 12/0                | 7/07                                 |
| _                                                                                  | SPACE BELOW F                                                      | OR USE OF U.S                                | S. MARSH        | AL ONLY                     | · DO NOT                        | WRITE B                        | ELOW THIS                                   | LIN                 | E                                    |
| l acknowledge rec<br>number of process<br>(Sign only first US<br>one USM 285 is st | eipt for the total sindicated.  M 285 if more than ubmitted;       | Process District of (                        | Origin Disa     | trict to Serve              | Signature of Au                 | nhorized USMS                  | S Deputy or Cl;erk                          |                     | Date                                 |
| I hereby certify<br>the individual, c                                              | and return that I have company, corporation, etc.                  | personally served,<br>at the address shown a | have legal evi  | idence of serve individual, | rice, have ex<br>company, corpo | ecuted as shoration, etc., s   | wn in "Remarks",<br>hown at the addres      | the pr<br>is inse   | ocess described on rted below.       |
| L hereby certi                                                                     | fy and and return that I am una                                    | ble to locate the individu                   | ai, company, co | rporation, etc.             | named above (See                | remarks below                  | y                                           |                     |                                      |
| Name and title of                                                                  | individual served (If not shown                                    | above).                                      | _               |                             |                                 |                                | A person of suitable residing in the defend | age and<br>lant's u | discretion then sual place of abode. |
| Address (complete                                                                  | only if different than shown a                                     | bave)                                        |                 |                             |                                 | Date of So                     | 14/07                                       | Time                | 2 co am                              |
|                                                                                    |                                                                    |                                              |                 |                             |                                 | Signature                      | of U.S. Magnial or I                        |                     | (AVF)                                |
| Service Fee                                                                        | Total Mileage Charges (including endeavors)                        | Forwarding Fee                               | Total Charge    | es A                        | dvance Deposits                 | Amount C                       | Owed to US Marshal                          | or                  | Amount or Refund                     |
| REMARKS:                                                                           |                                                                    |                                              | <u> </u>        |                             |                                 | <u> </u>                       |                                             |                     |                                      |
| PRIOR EDITION<br>BE USED                                                           | IS MAY                                                             |                                              |                 | <u> </u>                    |                                 |                                | FORM                                        | USM                 | 285 (Rev. 12/L5/80)                  |

|                                                                                                    |                                                                                                                                                                                             |                        |                                                 |                      |                    |                                   |                                   |                                              | _                  |                                         |  |  |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------|----------------------|--------------------|-----------------------------------|-----------------------------------|----------------------------------------------|--------------------|-----------------------------------------|--|--|
| PLAINTIFF<br>UNITED STA                                                                            | ATES OF AM                                                                                                                                                                                  | ERIC                   | A                                               |                      |                    |                                   |                                   | COURT CASE N<br>2:06CR223-1                  |                    |                                         |  |  |
| defendant<br>ADAM LAM                                                                              | AR ROBINSO                                                                                                                                                                                  | N                      |                                                 | _                    |                    |                                   |                                   | TYPE OF PROCE<br>FINAL ORDER                 |                    | FORFEITURE                              |  |  |
| SERVE                                                                                              | NAME OF INDIV                                                                                                                                                                               | IDUAL,                 | COMPANY, CORPORA                                | TION, E              | TC. TO SERVE       | OR DESCRIPTION                    | OF PROPERTY                       | TO SEIZE OR COM                              | NDEM               | И                                       |  |  |
| <b>D</b> LK(12                                                                                     | ONE MARL                                                                                                                                                                                    | IN, M                  | ODEL_110M, .22                                  | CAL                  | BER RIFLE          | E, BEARING S                      | SERIAL NU                         | MBER 724308                                  | 304                |                                         |  |  |
| AT                                                                                                 | .ADDRESS (Street                                                                                                                                                                            | or RFD.                | Apartment No., City, St.                        | ate, and 2           | ZIP Code)          |                                   | _                                 |                                              |                    |                                         |  |  |
|                                                                                                    | c/o ATF, 2 N                                                                                                                                                                                | lorth J                | ackson Street, Su                               | ite 404              | , Montgome         | ery, Alabama i                    | 36104                             |                                              |                    |                                         |  |  |
| SEND NOTICE                                                                                        | OF SERVICE TO                                                                                                                                                                               | REQUE                  | ESTER AT NAME A                                 | ND ADI               | DRESS BELOV        | v:                                | Number of pr<br>with this Form    | rocess to be served<br>n - 285               | 1                  |                                         |  |  |
| Üi                                                                                                 | hn T. Harmon<br>nited States At                                                                                                                                                             | torney'                |                                                 |                      |                    |                                   | Number of pain this case          | Number of parties to be served in this case  |                    |                                         |  |  |
| Po                                                                                                 | sistant United<br>st Office Box<br>ontgomery, A                                                                                                                                             | 197                    | •                                               |                      |                    |                                   | Check for set                     | rvice on U.S.A.                              |                    |                                         |  |  |
| SPECIAL INSTR                                                                                      | SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Felephone Numbers, and Estimated Times Available For Service) |                        |                                                 |                      |                    |                                   |                                   |                                              |                    |                                         |  |  |
| AGENCY # 776045-06-0142                                                                            |                                                                                                                                                                                             |                        |                                                 |                      |                    |                                   |                                   |                                              |                    |                                         |  |  |
| Signature of Attorney or other Originator requesting service on behalf of :  TELEPHONE NUMBER DATE |                                                                                                                                                                                             |                        |                                                 |                      |                    |                                   |                                   |                                              |                    |                                         |  |  |
| Signature of Auto                                                                                  | A COLOR                                                                                                                                                                                     | HIATOF TO              | equesting service on t                          | CHAIT OF             |                    | DPLAINTIFF DEFENDANT              |                                   | 223-7280                                     |                    | 07/0 <b>7</b>                           |  |  |
| -                                                                                                  | 7 - 0- 07                                                                                                                                                                                   |                        |                                                 |                      | <u> </u>           |                                   |                                   |                                              |                    |                                         |  |  |
|                                                                                                    | ,                                                                                                                                                                                           |                        | OR USE OF U.S                                   | . MA                 | RSHAL ON           | LY - DO NO                        | r WRITE E                         | ELOW THIS                                    | LIN                | (E)                                     |  |  |
| l acknowledge receinumber of process i<br>ISign only first USA<br>one USM 285 is sub               | ndicated.<br>I 285 if more than                                                                                                                                                             | Total P                | rocess District of (                            | Origin               | District to Serv   | e Signature of                    | Authorized USM:                   | S Deputy or Check                            |                    | Date                                    |  |  |
| I hereby certify a                                                                                 | and return that I Empany, corporation                                                                                                                                                       | have pon, etc. a       | personally served, []<br>on the address shown a | have leg<br>ibove or | gal evidence of s  | service.  have eal, company, corp | executed as showerstion, etc., s. | wn in "Remarks",<br>hown at the addres       | the p              | rocess described on<br>crted below.     |  |  |
| l hereby certify                                                                                   | and and return that                                                                                                                                                                         | I am unat              | ble to locate the individu                      | al, compa            | my, corporation, e | etc., named above (S              | iee remarks below                 | ·).                                          |                    |                                         |  |  |
| Name and title of in                                                                               | dividual served (if n                                                                                                                                                                       | ot shown               | above).                                         |                      |                    |                                   |                                   | A person of suitable residing in the defende | age an<br>lant's i | d discretion then usual place of abode. |  |  |
| Address (complete                                                                                  | only if different than                                                                                                                                                                      | shown ab               | ove)                                            |                      |                    | •                                 | Date of So                        | ervice                                       | Time               |                                         |  |  |
|                                                                                                    |                                                                                                                                                                                             |                        |                                                 |                      | _                  |                                   | Signature                         | DIUS Marchal or J                            |                    | TO (ATT)                                |  |  |
| Service Fee                                                                                        | Total Mileage Ch<br>(including endear                                                                                                                                                       | narges<br><i>rors)</i> | Forwarding Fee                                  | Total (              | Charges            | Advance Deposits                  | Amount C                          | lwed to US Marshal                           | or                 | Amount or Refund                        |  |  |
| REMARKS <sup>.</sup>                                                                               | •                                                                                                                                                                                           | _                      |                                                 |                      |                    |                                   | 1                                 |                                              |                    |                                         |  |  |

## U.S. Department of Justice Document 134

**United States Marshals Service** 

| PLAINTIFF<br>UNITED STA                                                                                                                              | ATES OF AMERIC                                                                                                                                                                              | A                                          |                     |                                       |                      |                           |                                    | COURT CASE NO<br>2:06CR223-1                  |         |                                   |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------|---------------------------------------|----------------------|---------------------------|------------------------------------|-----------------------------------------------|---------|-----------------------------------|--|--|
| DEFENDANT<br>ADAM LAM                                                                                                                                | AR ROBINSON                                                                                                                                                                                 |                                            |                     |                                       |                      |                           |                                    | TYPE OF PROCE<br>FINAL ORDER                  |         | FORFEITURE                        |  |  |
| SERVE                                                                                                                                                | NAME OF INDIVIDUAL. ONE ITHACA, 12                                                                                                                                                          |                                            |                     |                                       |                      |                           |                                    | TO SEIZE OR CON                               | NDEM    | N                                 |  |  |
| <b>₽</b>                                                                                                                                             | <del></del>                                                                                                                                                                                 |                                            | -                   |                                       | JI(1711.             |                           | X 171071                           |                                               |         | <del></del>                       |  |  |
| AT                                                                                                                                                   | .ADDRESS (Street or RFD, c/o ATF, 2 North J                                                                                                                                                 |                                            |                     | •                                     | ery Al               | nhama 76                  | :104                               |                                               |         |                                   |  |  |
| SEND NOTICE                                                                                                                                          | OF SERVICE TO REQU                                                                                                                                                                          |                                            |                     |                                       |                      |                           |                                    | ocess to be served<br>n - 285                 | 1       |                                   |  |  |
| Uı                                                                                                                                                   | hn T. Harmon<br>nited States Attorney                                                                                                                                                       |                                            |                     | <u> </u>                              |                      | <br> <br>                 | Number of pain this case           | rties to be served                            |         |                                   |  |  |
| Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197  Check for service on U.S.A.                                     |                                                                                                                                                                                             |                                            |                     |                                       |                      |                           |                                    |                                               |         |                                   |  |  |
|                                                                                                                                                      | SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address. All Telephone Numbers, and Estimated Times Available For Service) |                                            |                     |                                       |                      |                           |                                    |                                               |         |                                   |  |  |
|                                                                                                                                                      |                                                                                                                                                                                             |                                            |                     |                                       |                      |                           |                                    |                                               |         |                                   |  |  |
| AGENCY # 776045-06-0142                                                                                                                              |                                                                                                                                                                                             |                                            |                     |                                       |                      |                           |                                    |                                               |         |                                   |  |  |
| Signature of Arth                                                                                                                                    | uney of other Originator r                                                                                                                                                                  | emiditing service on h                     | abalf of            |                                       |                      |                           | TELEBRON                           | NE NUMBER                                     | DA      |                                   |  |  |
| Signature of Ago                                                                                                                                     | The Congress of                                                                                                                                                                             | equipment of the control                   | enan oi             |                                       | 2 PLAI               | NTIFF<br>ENDANT           |                                    | 223-7280                                      |         | 07/07                             |  |  |
|                                                                                                                                                      |                                                                                                                                                                                             | OD WOT OF W.                               |                     |                                       |                      |                           |                                    |                                               |         | -                                 |  |  |
|                                                                                                                                                      | SPACE BELOW F                                                                                                                                                                               | <del>-</del> -                             |                     | ſ                                     |                      |                           |                                    |                                               | LIN     | ī                                 |  |  |
| l acknowledge rece<br>number of process<br>(Sign only first USA<br>one USM 285 is sub                                                                | indicated. A 285 if more than                                                                                                                                                               | Process District of C                      | )rìgin              | District to Serv                      | re Si                | gnature of Au             | thorized USMS                      | Deputy or Cl,erk                              | <u></u> | Date                              |  |  |
| I hereby certify the individual, co                                                                                                                  | and return that I have ompany, corporation, etc.                                                                                                                                            | personally served, Cat the address shown a | have leg<br>bove or | gal evidence of s<br>on the individua | service,<br>al, comp | have extend have extended | ecuted as show<br>ration, etc., sh | vn in "Remarks",<br>nown at the addres        | the p   | rocess described on crited below. |  |  |
| 1 hereby certify                                                                                                                                     | and and return that I am una                                                                                                                                                                | ble to locate the individua                | ıl, compa           | ny, corporation, e                    | ес., патк            | d above (See              | remarks below,                     | J.                                            | _       |                                   |  |  |
| Name and title of it                                                                                                                                 | idividual served (If not shown                                                                                                                                                              | above).                                    |                     | _                                     |                      |                           |                                    | person of suitable a<br>esiding in the defend |         |                                   |  |  |
| Address (complete                                                                                                                                    | only if different than shown al                                                                                                                                                             | oove)                                      |                     |                                       |                      |                           | Date of Se                         | 14/07                                         | Tim     | 2 00 am                           |  |  |
|                                                                                                                                                      |                                                                                                                                                                                             |                                            |                     |                                       | _                    |                           | Signature of                       | of U.S. Marshal or I                          | Deputy  | & A(AVF)                          |  |  |
| Service Fee Total Mileage Charges (including endeavors)  Forwarding Fee Total Charges Advance Deposits Amount Owed to US Marshal or Amount or Refund |                                                                                                                                                                                             |                                            |                     |                                       |                      |                           |                                    |                                               |         |                                   |  |  |
| Service Fee                                                                                                                                          | Total Mileage Charges<br>(including endeavors)                                                                                                                                              | Forwarding Fee                             | Total C             | Charges                               | Advanc               | e Deposits                | NII AII                            | wed to US Marshall                            |         |                                   |  |  |
| Service Fee REMARKS.                                                                                                                                 | Total Mileage Charges<br>(including endeavors)                                                                                                                                              | Forwarding Fee                             | Total C             | Charges                               | Advanc               | e Deposits                |                                    | wed to US Marshal                             |         |                                   |  |  |
|                                                                                                                                                      | Total Mileage Charges<br>(including endeavors)                                                                                                                                              | Forwarding Fee                             | Total C             | Charges                               | Auvan                | ЕБЕРІЗІК                  | , and a                            | weg to US Marshal                             |         |                                   |  |  |

| PLAINTIFF UNITED STA                                                             | COURT CASE NUMBER UNITED STATES OF AMERICA  2:06CR223-MEF         |                                              |            |                     |                            |                                    |                                                 |                   |                                      |  |  |  |  |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------|------------|---------------------|----------------------------|------------------------------------|-------------------------------------------------|-------------------|--------------------------------------|--|--|--|--|
| DEFENDANT<br>ADAM LAM                                                            | AR ROBINSON                                                       |                                              |            |                     | _                          |                                    | TYPE OF PROCE<br>FINAL ORDER                    |                   | ORFEITURE                            |  |  |  |  |
| SERVE                                                                            | NAME OF INDIVIDUAL,                                               | COMPANY, CORPOR                              | LATION, I  | ETC. TO SERVE       | OR DESCRIPTION             | OF PROPERTY                        | TO SEIZE OR CON                                 | IDEMI             | 7                                    |  |  |  |  |
| •                                                                                | ONE MOSSBERG.                                                     | MODEL 500 A                                  | .G, 12 C   | GAUGE SHO           | TGUN, BEAF                 | ING SERI                           | AL NUMBER                                       | J190              | 660                                  |  |  |  |  |
| AT                                                                               | .ADDRESS (Street or RFD.                                          | •                                            |            | •                   |                            |                                    |                                                 |                   |                                      |  |  |  |  |
|                                                                                  | c/o ATF, 2 North J                                                | ackson Street, S                             | uite 404   | 1. Montgome         | ry, Alabama 3              | 6104                               |                                                 |                   |                                      |  |  |  |  |
| SEND NOTICE                                                                      | OF SERVICE TO REQUI                                               | ESTER AT NAME .<br>— — — — —                 | AND AD     | DRESS BELOW         | /:<br>                     | Number of pro-<br>with this Form   | ocess to be served<br>n - 285                   | 1                 |                                      |  |  |  |  |
| Uı                                                                               | hn T. Harmon<br>nited States Attorney                             |                                              |            |                     |                            | Number of pa<br>in this case       | rties to be served                              |                   |                                      |  |  |  |  |
| Po                                                                               | sistant United States<br>ost Office Box 197<br>ontgomery, Alabama | •                                            |            |                     | :<br>:                     | Check for ser                      | vice on U.S.A                                   |                   |                                      |  |  |  |  |
|                                                                                  | EUCTIONS OR OTHER I                                               |                                              |            | L ASSIST IN E       | XPEDITING SER              | VICE (Include                      | Business and Alte                               | rnate .           | Address, All                         |  |  |  |  |
| AGENCY # 776045-06-0142                                                          |                                                                   |                                              |            |                     |                            |                                    |                                                 |                   |                                      |  |  |  |  |
| Signature of Atto                                                                | rne) or other Originator r                                        | dresting service on                          | behalf of  | ·.                  | <u></u>                    | TELEPHON                           | NE NUMBER                                       | DAT               | <br>`E                               |  |  |  |  |
| C/B                                                                              |                                                                   | W-                                           |            |                     | B PLAINTIFF<br>□ DEFENDANT | (334) 2                            | 223-7280                                        | 12/0              | 7/07                                 |  |  |  |  |
|                                                                                  | SPACE BELOW F                                                     | OR USE OF U.                                 | S. MAI     | RSHAL ON            | LY - DO NOT                | WRITE B                            | ELOW THIS                                       | LIN               | <u> </u>                             |  |  |  |  |
| I acknowledge receinumber of process in (Sign only first USM one USM 285 is sub- | ndicated                                                          | Process District of                          | origin     | District to Servi   | e Signature of A           | uthorized USMS                     | Deputy or Cl;erk                                |                   | Date                                 |  |  |  |  |
| I hereby certify :<br>the individual, co                                         | and return that I have mpany, corporation, etc.                   | personally served, C<br>at the address shown | have leg   | gal evidence of s   | ervice,  have ex           | ecuted as show<br>ration, etc., sì | vn in "Remarks",<br>nown at the addres.         | the pr            | ocess described on<br>red below.     |  |  |  |  |
| ☐ 1 hereby certify                                                               | and and return that I am una                                      | ble to locate the individ                    | ual, compa | any, corporation, e | tc., named above (Sec      | e remarks below.                   | <i>)</i> .                                      |                   |                                      |  |  |  |  |
| Name and title of in                                                             | dividual served (If not shown                                     | above).                                      |            |                     |                            |                                    | A person of suitable a<br>esiding in the defend | ge and<br>ant's u | discretion then sual place of abode. |  |  |  |  |
| Address (complete o                                                              | only if different than shown al                                   | bove)                                        |            |                     |                            | Date of Se                         | rvjće / 2                                       | Time              | 2 00 am                              |  |  |  |  |
|                                                                                  |                                                                   |                                              |            |                     |                            | <del>- /-</del>                    | of U.S Marshal or D                             | eguty<br>C        | A (ATF)                              |  |  |  |  |
| Service Fee                                                                      | Total Mileage Charges<br>(including endeavors)                    | Forwarding Fee                               | Total (    | Charges             | Advance Deposits           | Amoun( O                           | wed to US Marshal o                             | or .              | Amount or Refund                     |  |  |  |  |
| REMARKS:                                                                         |                                                                   |                                              | Д          |                     |                            |                                    |                                                 |                   |                                      |  |  |  |  |
| REMARKS.                                                                         |                                                                   |                                              |            |                     |                            |                                    |                                                 |                   |                                      |  |  |  |  |
|                                                                                  |                                                                   |                                              |            |                     |                            |                                    |                                                 |                   |                                      |  |  |  |  |
|                                                                                  |                                                                   |                                              |            |                     |                            |                                    |                                                 |                   |                                      |  |  |  |  |
|                                                                                  |                                                                   |                                              |            |                     |                            |                                    |                                                 |                   |                                      |  |  |  |  |
|                                                                                  |                                                                   |                                              |            |                     |                            |                                    |                                                 |                   |                                      |  |  |  |  |

| PLAINTIFF UNITED STA                                                                                                                                                                        | UNITED STATES OF AMERICA 2:06CR223-MEF                               |                            |                      |                    |            |                     |                                   |                                                 |                      |                                       |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------|----------------------|--------------------|------------|---------------------|-----------------------------------|-------------------------------------------------|----------------------|---------------------------------------|--|--|--|
| defendant<br>ADAM LAM                                                                                                                                                                       | AR ROBINSON                                                          |                            |                      |                    |            |                     | _                                 | TYPE OF PROCE<br>FINAL ORDER                    |                      | ORFEITURE                             |  |  |  |
| SERVE                                                                                                                                                                                       | NAME OF INDIVIDUAL,                                                  | COMPANY, CORPOR            | ATION, E             | TC. TO SERVE       | OR DESC    | RIPTION O           | F PROPERTY                        | TO SEIZE OR CON                                 | DEMN                 |                                       |  |  |  |
| SERVE                                                                                                                                                                                       | ONE MARLIN, MO                                                       | ODEL 60W, .22              | CALIB                | BER RIFLE.         | BEAR       | ING SEI             | RIAL NUN                          | 1BER 0424970                                    | 00                   |                                       |  |  |  |
| AT                                                                                                                                                                                          | ADDRESS (Street or RFD)                                              | Apartment No., City, St    | ate, and Z           | IP Code)           |            |                     |                                   |                                                 |                      |                                       |  |  |  |
|                                                                                                                                                                                             | c/o ATF, 2 North J                                                   | ackson Street, Su          | ite 404              | , Montgome         | ery, Ala   | abama 36            | 104                               |                                                 |                      |                                       |  |  |  |
| SEND NOTICE                                                                                                                                                                                 | OF SERVICE TO REQUI                                                  | ESTER AT NAME A            | ND ADI               | ORESS BELOV        | w:         |                     | Number of privite with this Form  | ocess to be served<br>n - 285                   | 1                    |                                       |  |  |  |
| U:                                                                                                                                                                                          | hn T. Harmon<br>nited States Attorney                                | 's Office                  |                      |                    |            | I                   | Number of pa<br>in this case      | rties to be served                              | "                    |                                       |  |  |  |
| Po                                                                                                                                                                                          | ssistant United States<br>ost Office Box 197<br>ontgomery, Alabama   | -                          |                      |                    |            | -<br> -<br> -       | Check for ser                     | vice on U.S.A.                                  |                      |                                       |  |  |  |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Address, All Telephone Numbers, and Estimated Times Available For Service) |                                                                      |                            |                      |                    |            |                     |                                   |                                                 |                      |                                       |  |  |  |
| AGENCY # 77                                                                                                                                                                                 | 6045-06-0142                                                         |                            |                      |                    |            |                     |                                   |                                                 |                      |                                       |  |  |  |
| Signature of Atto                                                                                                                                                                           | riley or other Originator r                                          | eduesting service on l     | pehalf of            |                    | 8 PLAII    |                     |                                   | NE NUMBER                                       | DAT<br>12/0          |                                       |  |  |  |
| XD                                                                                                                                                                                          |                                                                      | <del></del>                |                      |                    | □ DEFE     | NDANT               | (334)                             | 223-7280                                        | 12.0                 |                                       |  |  |  |
| (_                                                                                                                                                                                          | SPACE BELOW F                                                        | OR USE OF U.S              | S. MAI               | RSHAL ON           | LY - D     | O NOT               | WRITE B                           | ELOW THIS                                       | LIN                  | E                                     |  |  |  |
| I acknowledge rece<br>number of process<br>(Sign only first USA<br>one USM 285 is sui                                                                                                       | npt for the total Total P indicated.  M 285 if more than bmitted) No |                            | ·                    | District to Serv   | ze Sig     | nature of Au        | thorized USMS                     | Deputy or Cl;erk                                | _ <del>-</del>       | Date                                  |  |  |  |
| [ hereby certify<br>the individual, co                                                                                                                                                      | and return that I have propagation, etc.                             | personally served.         | have leg<br>above or | al evidence of s   | service, [ | have exeany, corpor | ecuted as show<br>ation, etc., sl | wn in "Remarks",<br>nown at the addres          | the pross            | ocess described on<br>ted below.      |  |  |  |
| l hereby certify                                                                                                                                                                            | y and and return that I am una                                       | ble to locate the individu | al, compar           | ny, corporation, o | etc., name | d above (See        | remarks below                     | ).<br>                                          |                      |                                       |  |  |  |
| Name and title of is                                                                                                                                                                        | ndividual served (If not shown                                       | above).                    |                      |                    |            |                     |                                   | A person of suitable a<br>esiding in the defend | age and<br>lant's us | discretion then<br>ual place of abode |  |  |  |
| Address (complete                                                                                                                                                                           | only if different than shown at                                      |                            |                      |                    |            |                     | Date of Se                        | ryice                                           | Time                 | 2000                                  |  |  |  |
|                                                                                                                                                                                             |                                                                      |                            |                      |                    |            |                     | Signature                         | of U.S. Marsha) or [                            | )com <sub>yy</sub>   | A (AVE)                               |  |  |  |
| Service Fee                                                                                                                                                                                 | Total Mileage Charges<br>(including endeavors)                       | Forwarding Fee             | Total C              | Charges            | Advano     | e Deposits          | Amount C                          | wed to US Marshal                               | or /                 | Amount or Refund                      |  |  |  |
| REMARKS:                                                                                                                                                                                    |                                                                      | <u> </u>                   |                      |                    |            |                     |                                   |                                                 |                      |                                       |  |  |  |
|                                                                                                                                                                                             |                                                                      |                            |                      |                    |            |                     |                                   |                                                 |                      |                                       |  |  |  |
|                                                                                                                                                                                             |                                                                      |                            |                      |                    |            |                     |                                   |                                                 |                      |                                       |  |  |  |
| PRIOR EDITIONS<br>BE USED                                                                                                                                                                   | SMAY                                                                 |                            | _                    |                    | -          |                     |                                   | FORM                                            | USM :                | 285 (Rev. 12/15/80)                   |  |  |  |

Case 2:06-cr-00223-MEF-WC Document 134 U.S. Department of Justice

**United States Marshals Service** 

PRIOR EDITIONS MAY BE USED

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FORM USM 285 (Rev. 12/15/80)

|                                                                                                                                                                                             |                                                                |                 |                 |            |                                |                                      | Crer JE OJ 11113               | 14.10                                         |         |                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------|-----------------|------------|--------------------------------|--------------------------------------|--------------------------------|-----------------------------------------------|---------|----------------------------------|--|
| PLAINTIFF<br>UNITED STA                                                                                                                                                                     | ATES OF AMERI                                                  | CA_             |                 |            |                                |                                      |                                | COURT CASE NO<br>2:06CR223-1                  |         |                                  |  |
| DEFENDANT<br>ADAM LAM                                                                                                                                                                       | AR ROBINSON                                                    |                 | _               |            |                                |                                      |                                | TYPE OF PROCE<br>FINAL ORDER                  |         | FORFETTURE                       |  |
| OED3/E                                                                                                                                                                                      | NAME OF INDIVIDUA                                              | L, COMPANY      | , CORPORA1      | TION, ET   | C. TO SERVE                    | OR DESCRIPTION (                     | OF PROPERTY                    | TO SEIZE OR COM                               | VDEM    | N                                |  |
| SERVE                                                                                                                                                                                       | ONE SMITH AN                                                   | D WESSO         | N, MOD          | EL 442     | 2, .38 CAL                     | IBER REVOLV                          | ER, SERL                       | AL NUMBER                                     | BUA     | A1311                            |  |
| AT                                                                                                                                                                                          | .ADDRESS (Street or Ri                                         | D, Apartment i  | No., City, Stat | te, and ZI | P Code)                        |                                      |                                |                                               |         |                                  |  |
|                                                                                                                                                                                             | c/o ATF, 2 North                                               | Jackson S       | Street, Sui     | te 404,    | Montgome                       | ery, Alabama 3                       | 6104                           |                                               |         |                                  |  |
| SEND NOTICE                                                                                                                                                                                 | OF SERVICE TO REC                                              | UESTER AT       | NAME AN         | ND ADD     | RESS BELOV                     | v:                                   | Number of pr<br>with this Form | ncess to be served<br>n - 285                 | 1       |                                  |  |
|                                                                                                                                                                                             | hn T. Harmon<br>nited States Attorn                            | ev's Office     | ;               |            |                                |                                      | Number of pa<br>in this case   | arties to be served                           |         |                                  |  |
| A:<br>Po                                                                                                                                                                                    | ssistant United Star<br>ost Office Box 197<br>ontgomery, Alaba | es Attorne      | y               |            |                                |                                      | Check for ser                  | vice on U.S.A.                                |         |                                  |  |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) |                                                                |                 |                 |            |                                |                                      |                                |                                               |         |                                  |  |
| AGENCY # 77604S-06-0142                                                                                                                                                                     |                                                                |                 |                 |            |                                |                                      |                                |                                               |         |                                  |  |
| Signature of Attorney or other Originaton requesting service on behalf of : TELEPHONE NUMBER DATE                                                                                           |                                                                |                 |                 |            |                                |                                      |                                |                                               |         |                                  |  |
| Signalia, C. J.                                                                                                                                                                             | Ola T                                                          | X1)             | -               | THE CO.    |                                | ☑ PLAINTIFF □ DEFENDANT              |                                | 223-7280                                      |         | 07/07                            |  |
|                                                                                                                                                                                             | SPACE BELOW                                                    | EOD HEE         | OFIC            | MAD        |                                |                                      |                                |                                               | TIN     |                                  |  |
| <del>()</del>                                                                                                                                                                               |                                                                |                 |                 |            |                                |                                      |                                |                                               | LII     | T                                |  |
| I acknowledge rece<br>number of process<br>(Sign only first USA<br>one USA 285 is sul                                                                                                       | indicated.<br>I 285 if more than                               | al Process      | District of O   | rigin      | No                             | Signature of A                       | uthorized USMS                 | S Deputy of Cleerk                            | _       | Date                             |  |
| I hereby certify the individual, co                                                                                                                                                         | and return that I have mpany, corporation, et                  | e personally :  | served, D t     | nave lega  | l evidence of son the individu | service, D have exal, company, corpo | ecuted as showartion, etc., sl | wn in "Remarks",<br>hown at the addres        | the pa  | rocess described on erted below. |  |
| ☐ I hereby certify                                                                                                                                                                          | and and return that I am                                       | mable to locate | the individual  | J. company | y, corporation, e              | ric., named above (Se                | e remarks below                | ·).                                           |         | _                                |  |
| Name and title of it                                                                                                                                                                        | dividual served (If not sho                                    | wn abave).      |                 |            |                                |                                      |                                | A person of suitable a residing in the defend | I       |                                  |  |
| Address (complete                                                                                                                                                                           | only if different than showi                                   | abovej          |                 |            |                                | <del></del>                          | Date of Se                     | 14/07                                         | Time    | )                                |  |
|                                                                                                                                                                                             |                                                                |                 |                 |            |                                |                                      |                                | U.S. Marshal or J                             | Descriv | A (ove)                          |  |
| Service Fee                                                                                                                                                                                 | Total Mileage Charges (including endeavors)                    | Forwardio       | ıg Fee          | Total Ch   | narges                         | Advance Deposits                     | Amount O                       | wed to US Marshal                             | 0.7     | Amount or Refund                 |  |
| REMARKS:                                                                                                                                                                                    |                                                                |                 |                 |            |                                | <u> </u>                             | L                              | <del></del>                                   |         |                                  |  |
| SOMMING.                                                                                                                                                                                    |                                                                |                 |                 |            |                                |                                      |                                |                                               |         |                                  |  |
|                                                                                                                                                                                             |                                                                |                 |                 |            |                                |                                      |                                |                                               |         |                                  |  |
|                                                                                                                                                                                             |                                                                |                 |                 |            |                                |                                      |                                |                                               |         |                                  |  |
|                                                                                                                                                                                             |                                                                |                 |                 |            |                                |                                      |                                |                                               |         |                                  |  |

## Case 2:06-cr-00223-MEF-WC U.S. Department of Justice

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| United Stat                                                                                                                                                                                 | es Marshals Se                                | ervice                                        | _               |                                          | See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form |                                  |                                               |                     |                                       |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------|------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------|---------------------|---------------------------------------|--|--|
| PLAINTIFF<br>UNITED STA                                                                                                                                                                     | TES OF AMERI                                  | CA                                            |                 |                                          |                                                                                           |                                  | COURT CASE NU<br>2:06CR223-N                  |                     |                                       |  |  |
| DEFENDANT<br>ADAM LAM                                                                                                                                                                       | AR ROBINSON                                   |                                               |                 |                                          |                                                                                           |                                  | TYPE OF PROCE<br>FINAL ORDER                  |                     | ORFEITURE                             |  |  |
| SERVE                                                                                                                                                                                       |                                               | l, company, corpor<br>RINGER, MODEL           |                 |                                          |                                                                                           |                                  |                                               |                     |                                       |  |  |
| AT                                                                                                                                                                                          | ADDRESS (Street or RI                         | D. Apartment No., City. S                     | tate, and 2     | UP Code)                                 | _                                                                                         |                                  |                                               |                     |                                       |  |  |
|                                                                                                                                                                                             | c/o ATF, 2 North                              | Jackson Street, St                            | iite <u>404</u> | , Montgomer                              | y, Alabama 36                                                                             | 5104                             |                                               |                     |                                       |  |  |
| SEND NOTICE                                                                                                                                                                                 | of Service to Req                             | UESTER AT NAME A                              | AND AD          | DRESS BELOW:                             | )<br>                                                                                     | Number of pr<br>with this Fort   | rocess to be served<br>n - 285                | 1                   |                                       |  |  |
| U                                                                                                                                                                                           | hn T. Harmon<br>nited States Attorne          | ey's Office                                   |                 |                                          | j                                                                                         | Number of pa<br>in this case     |                                               |                     |                                       |  |  |
| Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197  Check for service on U.S.A.                                                                            |                                               |                                               |                 |                                          |                                                                                           |                                  |                                               |                     |                                       |  |  |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service) |                                               |                                               |                 |                                          |                                                                                           |                                  |                                               |                     |                                       |  |  |
| AGENCY # 77                                                                                                                                                                                 | 6045-06-0142                                  |                                               |                 |                                          |                                                                                           |                                  |                                               |                     | _                                     |  |  |
| Signature of Acto                                                                                                                                                                           | rieg of other Originato                       | r requesting service on                       | behalf of       |                                          |                                                                                           | TELEPHO                          | NE NUMBER                                     | DAT                 | E                                     |  |  |
|                                                                                                                                                                                             | July T                                        |                                               |                 |                                          | PLAINTIFF<br>DEFENDANT                                                                    | (334)                            | 223-7280                                      | 12/0                | 7/07                                  |  |  |
|                                                                                                                                                                                             | SPACE BELOW                                   | FOR USE OF U.                                 | S. MAI          | RSHAL ONL                                | Y - DO NOT                                                                                | WRITE E                          | ELOW THIS                                     | LIN                 | <br>E                                 |  |  |
| 1 acknowledge rece<br>number of process<br>(Sign only first USI<br>one USM 285 is su                                                                                                        | indicated.  4 285 if more than                | d Process District of                         | Origin          | District to Serve                        | Signature of Au                                                                           | uthorized USM:                   | S Deputy or Cl;erk                            |                     | Date                                  |  |  |
| I hereby certify<br>the individual, co                                                                                                                                                      | and return that I have mpany, corporation, et | ve personally served, c. at the address shown | have leg        | gal evidence of ser<br>on the individual | rvice, have ex-                                                                           | ecuted as sho<br>ration, etc., s | wn in "Remarks",<br>hown at the addres        | the pross           | ocess described on<br>ted below.      |  |  |
| 1 hereby certify                                                                                                                                                                            | y and and return that I am t                  | mable to locate the individ                   | ual. compa      | ny, corporation, etc                     | ., named above (See                                                                       | remarks below                    | 9).                                           |                     |                                       |  |  |
| Name and title of i                                                                                                                                                                         | ndividual served (If nor sho                  | жп above).                                    |                 |                                          |                                                                                           |                                  | A person of suitable a residing in the defend | age and<br>ant's us | discretion then<br>ual place of abode |  |  |
| Address (complete                                                                                                                                                                           | only if different than shown                  | above)                                        |                 |                                          |                                                                                           | Date of Se                       | ervice /07                                    | Time                | 2 00 am                               |  |  |
|                                                                                                                                                                                             |                                               |                                               |                 | _                                        |                                                                                           | Signature                        | of U.S. Marshal or I                          | Сри                 | 6 (ATF)                               |  |  |
| Service Fee                                                                                                                                                                                 | Total Mileage Charges (including endeavors)   | Forwarding Fee                                | Total (         | Charges                                  | Advance Deposits                                                                          | Amount C                         | owed to US Marshal                            | or /                | Amount or Refund                      |  |  |
| REMARKS:                                                                                                                                                                                    |                                               | <del>-</del>                                  |                 |                                          |                                                                                           |                                  | <b></b>                                       |                     |                                       |  |  |
|                                                                                                                                                                                             |                                               |                                               |                 |                                          |                                                                                           |                                  |                                               |                     |                                       |  |  |
|                                                                                                                                                                                             |                                               |                                               |                 |                                          |                                                                                           |                                  |                                               |                     |                                       |  |  |
|                                                                                                                                                                                             |                                               |                                               |                 |                                          |                                                                                           |                                  |                                               |                     |                                       |  |  |
|                                                                                                                                                                                             |                                               |                                               |                 |                                          |                                                                                           |                                  |                                               |                     |                                       |  |  |